

#19  
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

CASE MANAGEMENT SERVICES

A. Target Group:

Pregnant women

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide: \_\_\_\_\_)

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: The coordination of comprehensive prenatal services including: (1) Outreach activities directed to Medicaid-eligible pregnant women that promote early entry into care; (2) Ensuring that all components of care (medical, educational, nutritional, and psychosocial) are received; (3) Risk tracking; (4) Assistance in arranging for prenatal classes and delivery plans; (5) Referral for family planning, child health, and WIC services

E. Qualification of Providers:

postpartum.

A registered nurse or a person with at least a bachelor's degree in social work, counseling, sociology, or psychology who is a member of a team of professionals rendering prenatal and postpartum care and enhanced perinatal services and who is employed by a qualified maternal health center.

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OMB No.: 0939-0193

State/Territory: Iowa

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- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
  2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. MS-87-13

Supersedes

TN No. None

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HCFA ID: 1040P/0016P

## CASE MANAGEMENT

## A. Target Group 2

Persons eligible for case management services provided through the Iowa Medicaid program in this target group have a primary diagnosis of mental retardation, developmental disability, or chronic mental illness. They have functional limitations and lack the ability to independently access and sustain involvement in necessary services. This target group does not include persons residing in ICF-MRs.

## B. Areas of state in which services will be provided:

- ☒ Entire state for persons 18 years and older meeting target group criteria and persons under age 18 meeting target criteria who are recipients of the HCBS/MR or HCBS/MR/OBRA waivers.
- ☒ Only in specified geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide): for persons under the age of 18 with a primary diagnosis of mental retardation or developmental disabilities with residence in a child welfare decategorization county, meeting other target group criteria.

## C. Comparability of Services

- ☒ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- ☐ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

## D. Definition of Service

Purpose

Case management is a method employed by human service agencies to effectively manage multiple resources for the benefit of Medicaid clients. Case management exists to assist service recipients in gaining access to appropriate and needed medical services and interrelated social and educational services. The goal of case management is to ensure that necessary evaluations are conducted; that individual service and treatment plans are developed, implemented, and monitored; and that reassessment of client needs and service provision occurs on an ongoing and regularly scheduled basis.

Service Description

Case management services are the responsibility of a specific case manager whose primary responsibility to the client is case management. This service is provided for an indefinite period of time and at a level of intensity determined by the individual client's need.

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Case management services include the following functions:

1. Assessment of need for case management, intake and enrollment into the case management program, and coordination of needed interdisciplinary diagnostic and evaluative services.
2. Development, implementation, and maintenance of a current and appropriate treatment plan that directly involves those concerned with the service recipient, including the client, the client's legal representative, and the client's family. Other participants in this process may be the case manager, current service providers and other persons whose appropriateness may be identified through the evaluation, diagnostic, or reevaluation process.

Treatment plans shall include:

- o reference to all provided services, including identification of providers;
  - o documentation of who has been involved in the development of the treatment plan;
  - o schedules of service initiation and frequency; and
  - o schedules for case monitoring and client reassessment.
3. Linkage of client needs to the required treatments and services without restricting the client's choice of service providers in violation of Section 1902(a)(23).
  4. Coordination and facilitation of decision making according to the client's needs and abilities.
  5. Monitoring of overall service delivery.
  6. Crisis assistance planning and intervention.

Two of the specific functions of case management may benefit from further explanation. These functions are the arrangement for diagnostic and evaluative services and the requirement for crisis assistance and intervention.

Diagnosis and evaluation of a client may be required to assess individual abilities, strengths, needs, and the corresponding options in order that individual treatment plans can be developed. While not the sole source of client information, a complete diagnostic and evaluative work-up can be an integral source of client data. The case manager is responsible for coordinating these services when needed.

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The objective of crisis assistance and intervention is to stabilize a client's crisis situation, be it personal, psychological, or medical in nature. It may serve a preventive function in cases where hospitalization would result were it not provided. Crisis intervention assures that necessary services are immediately available on a 24-hour basis when a crisis situation develops that is urgent and requires immediate attention. The case manager's role is limited and facilitative in nature, consisting of client referral to, and contact with, the appropriate service providers.

#### E. Qualifications of Providers

Case management services will be provided by the Iowa Department of Human Services, by a county, or by a consortium of counties. The Department, county, or consortium of counties may subcontract for the provision of case management services, so long as the standards for case management set forth by the Department are met.

#### Provider Standards

Case management providers must meet the standards for individual case management services adopted by the Iowa Mental Health and Mental Retardation Commission on December 6, 1988. At a minimum, case management providers must:

1. Demonstrate their capacity to provide all of the functions of the case management service including:
  - o assessment of service need, intake and enrollment in the case management program, and coordination of interdisciplinary diagnostic and evaluative services when required;
  - o development, implementation, and maintenance of a current and appropriate treatment plan that directly involves those concerned with the service client;
  - o linkage of client needs to the required treatments or services;
  - o coordination and facilitation of decision making according to the client's needs and abilities;
  - o monitoring of overall service delivery; and
  - o crisis assistance planning and intervention.
2. Demonstrate case management experience in coordinating and linking needed services to the client populations.
3. Demonstrate experience working with the specific client population to be served.

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4. Have sufficient staffing to meet the case management service needs of the client population. The provider of case management services shall maintain, within a county or consortium of counties, an agency average staff-to-client ratio of one full-time equivalent to no more than 45 clients.
5. Possess administrative capabilities that insure the quality of services in accordance with both state and federal requirements.
6. Have the financial management capacity and system to provide documentation of service utilization and cost.
7. Have the capacity to document and maintain client case records in accordance with both state and federal requirements.

Individual case managers must have training and experience related to the abilities and needs of the population group served, and licensure or certification when required by Iowa law. A case manager must meet one of the following minimum requirements:

1. Have a bachelor's degree from an accredited college or university with a major or at least 30 semester hours or its equivalent in the behavioral sciences, education, health care, human service administration, or the social sciences, and one year of experience in the delivery or coordination of human services with the education and experience being specific to the needs and abilities of the populations being served by the case manager; or
  2. Have an Iowa license to practice as a registered nurse with three years of experience in the delivery of nursing or human services to the population group to be served by the case manager.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

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1. Eligible recipients will have free choice of the providers of case management services.
  2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. MS-88-10  
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**CASE MANAGEMENT SERVICES**

**A. Target Group 3:**

**EPSDT Eligibles**

**B. Areas of the state in which services will be provided:**

Entire State

**C. Comparability of Services**

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

**D. Definition of services:**

The coordination of comprehensive preventive health services for the EPSDT population, including:

(1) Information about:

- The EPSDT program.
- A description of the services provided in periodic exams.
- A summary of the periodicity schedule.
- Information on health resources in the community.
- Other programs which may be of assistance to the EPSDT recipient.

(2) Care coordination which includes:

- Providing the assistance needed to receive EPSDT services.
- Authorizing transportation.
- Monitoring to determine that medically necessary services have been received.
- Notifying custodian when the screening is due.
- Providing information about resources in the community.

**E. Qualification of Providers:**

A registered nurse or persons with at least a bachelor's degree in health education, social work, counseling, or sociology, or psychology. A licensed practical nurse or a paraprofessional if the licensed practical nurse or paraprofessional works under the direct supervision of a health professional such as a registered nurse or person with at least a bachelor's degree in health education, social work, counseling, sociology, or psychology, or supervised by a physician.

State Plan TN No. MS-95-60

Superseded TN No. NONE

Effective

AUG 01 1995

Approved

DEC 14 1995



**CASE MANAGEMENT SERVICES**

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
  - 1. Eligible recipients will have free choice of the providers of case management services.
  - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
  
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

State Plan TN No.	<u>MS-95-60</u>	Effective	<u>AUG 01 1995</u>
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